🏠 BEACON OF HOPE HOME CARE SERVICES, LLC

"Guiding Care with Compassion."

📍 4300 Forbes Boulevard, Suite 215, Lanham, MD 20706
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🧾 EMPLOYMENT APPLICATION FORM

🧍‍♀️ PERSONAL INFORMATION

Full Name: _____
Date of Application: _____
Address: _____
City/State/ZIP: _____
Phone Number: _____
Email Address: _____
Date of Birth: _____
Last 4 digits of SSN: _____
Position Applying For: ☐ Caregiver ☐ CNA ☐ CMT ☐ HHA ☐ Mentor ☐ DSP ☐ Driver ☐ 1:1 Staff
Preferred Employment: ☐ Full-Time ☐ Part-Time ☐ PRN ☐ Temporary
Preferred Start Date: _____
Expected Pay Rate: _____
Referred By: _____

🚨 EMERGENCY CONTACT INFORMATION

Primary Contact Name: _____
Relationship: _____
Phone Number: _____
Alternate Contact: _____
Phone: _____

🩺 LICENSE / CERTIFICATION INFORMATION

Certification Type	Number	Issue Date	Expiration Date	Issuing Agency/State
CNA				
GNA				
CMT				
HHA				
DSP / DDA Training				
CPR / First Aid				
Driver's License				

📎 *Attach clear copies of all valid licenses, IDs, and certifications.*

⏰ AVAILABILITY & WORK PREFERENCES

Days Available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
Preferred Shifts: ☐ Morning ☐ Evening ☐ Overnight ☐ Flexible
Minimum Hours/Week: _____
Can you work weekends? ☐ Yes ☐ No
Can you work holidays? ☐ Yes ☐ No
Can you travel to multiple locations? ☐ Yes ☐ No
Do you have reliable transportation? ☐ Yes ☐ No
Do you own a vehicle? ☐ Yes ☐ No

🧾 EMPLOYMENT ELIGIBILITY

Question	Response	Details
Are you authorized to work in the U.S.?	☐ Yes ☐ No	
Have you ever worked for Beacon of Hope before?	☐ Yes ☐ No	
Have you ever been convicted of a felony or misdemeanor?	☐ Yes ☐ No	If yes, explain: _____
Have you ever been excluded from Medicaid/Medicare?	☐ Yes ☐ No	
Are you currently listed on any abuse or neglect registry?	☐ Yes ☐ No	
Have you ever been terminated for misconduct or neglect?	☐ Yes ☐ No	
Can you perform essential job functions with or without accommodation?	☐ Yes ☐ No	

🧠 *All employees must pass a fingerprint/background check before hire.*

💼 EMPLOYMENT HISTORY

(List your last three employers, starting with the most recent)

1️⃣ Employer

- **Agency/Hospital Name:** _____
- **Address:** _____
- **Supervisor:** _____
- **Phone:** _____
- **Position:** _____
- **Start Date:** _____ **End Date:** _____
- **Reason for Leaving:** _____
- **May we contact this employer?** ☐ Yes ☐ No

2️⃣ Employer

- **Agency/Hospital Name:** _____
- **Address:** _____
- **Supervisor:** _____
- **Phone:** _____
- **Position:** _____
- **Start Date:** _____ **End Date:** _____
- **Reason for Leaving:** _____

- **May we contact this employer?** ☐ Yes ☐ No

3️⃣ Employer

- **Agency/Hospital Name:** _____
- **Address:** _____
- **Supervisor:** _____
- **Phone:** _____
- **Position:** _____
- **Start Date:** _____ **End Date:** _____
- **Reason for Leaving:** _____
- **May we contact this employer?** ☐ Yes ☐ No

📎 *Attach résumé if available.*

🎓 EDUCATION & TRAINING

Institution Name	City/State	Course / Major	Degree/Certificate	Year Completed
High School				
College / Technical School				
Healthcare Training				
Continuing Education / Workshops				

🧰 SKILLS & COMPETENCIES

Skill / Experience	Proficient	Needs Training
Personal Care (ADLs)	☐	☐
Meal Preparation	☐	☐
Medication Reminders	☐	☐
Transfers / Ambulation	☐	☐
Catheter Care	☐	☐
Hoyer Lift Use	☐	☐
Dementia / Alzheimer's Care	☐	☐
Behavior Support (DDA)	☐	☐
Charting & Documentation	☐	☐
Infection Control / PPE	☐	☐
First Aid / CPR Response	☐	☐
Transportation / Escorting	☐	☐

💉 HEALTH REQUIREMENTS

Requirement	Completed	Date Verified
Physical Exam (within 12 months)	☐	
TB Test (within 12 months)	☐	
COVID-19 Vaccine	☐ Yes ☐ No ☐ Declined	
Fingerprint / Background Check	☐	
Drug Screening	☐	

📎 *Attach all health records and clearance documents.*

🚗 FOR DRIVERS ONLY

Driver's License Number: _____
State: _____
Expiration Date: _____
Auto Insurance Provider: _____
Policy Number: _____
Vehicle Year/Model: _____
Any accidents/violations in last 3 years? ☐ Yes ☐ No

📎 *Attach copy of License and Insurance Card.*

🧑‍🤝‍🧑 FOR DSP / 1:1 / MENTOR STAFF ONLY

- Have you completed DDA Training? ☐ Yes ☐ No
- Are you certified in MANDT / CPI? ☐ Yes ☐ No
- Have you worked with behavioral or developmental disability populations? ☐ Yes ☐ No
- Describe your experience and strengths:

_____
_____

👥 REFERENCES

Name Title / Relationship Company Phone Email

🧾 DOCUMENT CHECKLIST

(To be completed by HR after orientation)

Document	Received	Verified By	Expiration Date
Application	☐		
Government ID	☐		
Social Security Card	☐		
CNA / HHA / CMT License	☐		
CPR / First Aid Card	☐		
Physical Exam	☐		
TB Test	☐		
Background / Fingerprint	☐		
Signed Policy & Handbook	☐		
I-9 & W-4	☐		
Direct Deposit Form	☐		
Reference Check	☐		
Orientation Checklist	☐		

🔏 CONFIDENTIALITY & HIPAA AGREEMENT

I understand that during my employment, I may have access to confidential client information. I agree to maintain strict confidentiality in compliance with HIPAA regulations and **Beacon of Hope Home Care Services, LLC** policies.

Signature: _____ **Date:** _____

⚖️ EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

Beacon of Hope Home Care Services, LLC is an Equal Opportunity Employer. Employment decisions are based on merit, qualifications, and business needs, without regard to race, color, religion, sex, national origin, age, disability, or other protected status.

🩺 BACKGROUND & SCREENING AUTHORIZATION

I authorize Beacon of Hope Home Care Services, LLC to conduct background checks, reference verifications, and credential validation for employment purposes.

Signature: _____ **Date:** _____

🖊️ APPLICANT CERTIFICATION

I affirm that all information provided is true and complete. I understand that falsification, omission, or misrepresentation may disqualify me from employment or result in immediate termination.

Applicant Signature: _____ **Date:** _____
Printed Name: _____

🧾 FOR OFFICE USE ONLY

Received By: _____
Interview Date: _____
Orientation Date: _____
HR Verified By: _____
Hire Date: _____
Position Assigned: _____
Pay Rate: _____
Status: ☐ Active ☐ Pending ☐ Incomplete
Administrator Approval: _____
Signature: _____

Prepared by: The Administrative Team
Beacon of Hope Home Care Services, LLC
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